


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 16, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # 556788</b> 1. Entity Name <b>ARTSENTRY CORPORATION</b>	
--	---

Principal Place of Business <b>6245 CLARK CENTER DR UNTL SARASOTA, FL 34238 US</b>	Mailing Address <b>1255 GULFSTREAM AVENUE APT. 1105 SARASOTA, FL 34236 US</b>
---	--



05142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1839629</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

**6. Name and Address of Current Registered Agent**

**SOLOMON, ANN  
1255 GULFSTREAM AVE  
APT. 1105  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, ANN 1255 GULFSTREAM AVE, APT. 1105 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOLOMON, MICHELE 2139 DELTA ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLOMON, MICHAEL 51 MIDDLE HIGHWAY EAST HAMPTON, NY 11937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000366924  
05/16/05-80013-004 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Solomon 5/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #